## RECIPROCITY QUESTIONNAIRE

<u>TO THE APPLICANT</u>: If you are applying for the state examination for Assisted Living Administrators on the basis of your licensure in GEORGIA, SOUTH CAROLINA, CALIFORNIA, or ARIZONA, please have the following certification (pages 1 and 2) completed by the Executive Officer of the Board of Examiners of Assisted Living Administrators of the state(s) in which you hold or have held a license as an Assisted Living Administrator.

\*If you are applying for the state examination for Assisted Living Administrators on the basis of your assisted living administrator certification from the national organization, Assisted Living Federation of America (ALFA), please complete only Attachment A (page 3) of this questionnaire and submit it with your application to the Alabama Board of Examiners of Assisted Living Administrators.

Name					
(Title)	(First)		(Middle)		(Last)
(Street)		(City)	(Sta	te)	(Zip Code)
TO BE COMPLET	ED BY STATE BOARD OF	FICIA	<u>L</u> :		
Applicant's Name (a	as shown on your records)				
Address					
(Street)		(City)	(Sta	te)	(Zip Code)
Social Security Num	ıber:				
Telephone Number:	(H)		(W)		
License Number:	Date Issued:		Expiring:		g:
Education: Mark	the highest level completed.		High School Some College		College Graduate Post Graduate
State of Original Lic	ense				
Status of License:	☐ Active ☐ In	active	☐ Expired		
Exam Score:	Name of Exam:				
	Raw Score		_ Scale Score		

If YES, length o	f continuing educ	ation program		
		oard at this time?   YES		
11	en disciplined by your Board?		☐ YES	□ NO
☐ YES ☐	l NO	ed for any possible crimina		-
		rue and correct, according		
		Signature of Executive	Officer	
		State Board		
		Address		
		City, State and Zip Coa	le	
		Area Code and Phone	Number	
Please Return to:	60 Comme	Director oard of Examiners of Assis rce Street Suite 1440 ry, AL 36104	sted Living Admir	nistrators

Reciprocity Questionnaire, Page 2 of 3

## **Attachment A**

Reciprocity Questionnaire
\*To be completed by applicants with administrator certification from national organization, Assisted Living Federation of America

Applicant's Name			/1			
	(First)	(Middle)	(L	(Last)		
Address						
(Street)		(City)	(State)	(Zip Code)		
Social Security Numb	er:	<u> </u>				
Telephone Number:	(H)		(W)			
Date Certification Aw *(Attach copy of AL)	arded:	Effective)	re Dates:			
Status of National Cer	tification:	☐ Active	☐ Expired			
Exam Score:	Name of Exa	m:				
	Score Minimum Passing Score Required*  *(Attach copy of scoring report)					
	Date of Exam	1				
I certify that the informecords.	nation provid	ed is true and consistent v	vith the Assisted Living	Federation of America's		
Date	Signature of Applicant					
Please Return to:	Alaba 60 Co	ntive Director ma Board of Examiners of ommerce Street Suite 1440 gomery, AL 36104		nistrators		